

Trends in Incident ESRD Counts: Regional Variation in Initiating Dialysis in Freestanding Facilities

The Peer Kidney Care Initiative

A collaboration of the Chronic Disease Research Group (Minneapolis, Minnesota) and the Chief Medical Officers of 13 US Dialysis Providers

Introduction

- Overall rates of end-stage renal disease (ESRD) patients initiating dialysis have stabilized, and growth in counts of incident dialysis patients has slowed since the beginning of the present decade.
- We assessed trends in incident ESRD counts from 2004-2011, overall and by the 9 US census divisions, to determine geographic variation in number of dialysis initiates.

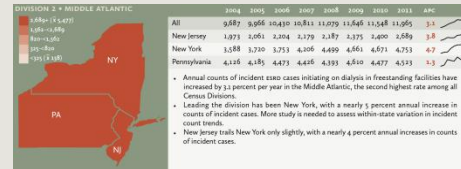
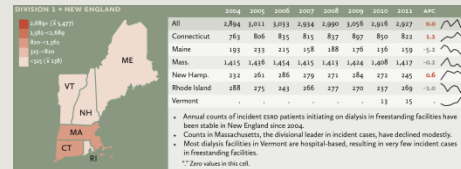
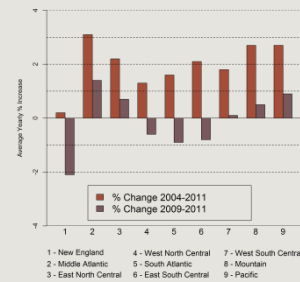
Methods

- Data were ascertained from the Centers for Medicare & Medicaid Services ESRD database.
- For annual incident cohorts, we identified patients whose first outpatient dialysis treatment was within 3 months of initiating maintenance dialysis in a freestanding (non-hospital-based) facility.

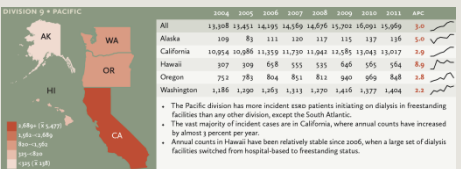
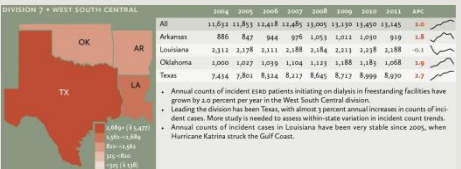
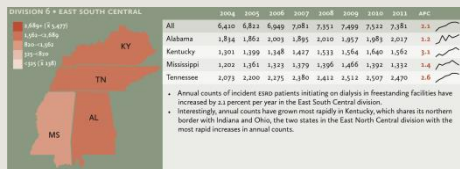
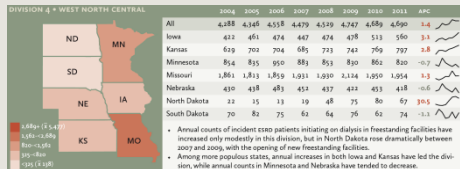
Results

- Yearly counts increased through 2010, with an average annual percent increase of 2.7% from 2004 to 2011.
- Between 2009 and 2011, the average percent increase was relatively unchanged (-0.1%).
- However, there were regional differences. The New England census division experienced the largest proportional decrease in incident patients between 2009 and 2011, while the contiguous Middle Atlantic division averaged the highest increase during the same period.
- Trends in rates were similar to trends in counts, with the exception of the South Atlantic region, where counts increased while rates were relatively flat.

Average yearly percent change in incident counts



Incident counts by region, state



Conclusions

- Overall trends in dialysis incidence reveal substantial geographic variation that has not been explained, suggesting that an assessment based on overall US counts may mask important regional differences.
- Whether these trends will continue in the face of increasing diabetes rates, an aging population, and shifts in social demographic is uncertain; this will require more detailed analysis.

